

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V52084** (3)  
1. Corporation Name  
**ALLSTATE RAG SERVICE, INC.**



Principal Place of Business <b>18732 CRESCENT RD. ODESSA FL 33556 US</b>	Mailing Address <b>18732 CRESCENT RD ODESSA FL 33556-4429 US</b>
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3. Date Incorporated or Qualified <b>07/15/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3134573</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>20715 U.S. Hwy 301</b> Suite, Apt. #, etc. 22 City & State 23 <b>Dade City, FL</b> Zip 24 <b>33523</b> Country 25 <b>Pasco</b>	2a. Mailing Address 26 <b>20715 US Hwy 301</b> Suite, Apt. #, etc. 27 City & State 28 <b>Dade City, FL</b> Zip 29 <b>33523</b> Country 30 <b>Pasco</b>
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9. Name and Address of Current Registered Agent <b>HOPE, RICHARD ELLIOT</b> <b>18732 CRESCENT RD. 20715 US HWY 301</b> <b>SUITE 208 Dade City, FL 33523</b> <b>ODESSA FL 33556</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPE, RICHARD P.</b>	1.2 NAME	
STREET ADDRESS	<b>8317 TARPON ROAD</b>	1.3 STREET ADDRESS	<b>20715 US HWY 301</b>
CITY-ST-ZIP	<b>ODESSA FL</b>	1.4 CITY-ST-ZIP	<b>Dade City, FL 33523</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPE, RICHARD E.</b>	2.2 NAME	
STREET ADDRESS	<b>8317 TARPON ROAD</b>	2.3 STREET ADDRESS	<b>20715 US HWY 301</b>
CITY-ST-ZIP	<b>ODESSA FL</b>	2.4 CITY-ST-ZIP	<b>Dade City, FL 33523</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Hope 4/2/97 (352) 583-5451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)